

## VFC Tally Sheet

for FQHC/RHC Providers (optional use)

Person responsible for Vaccine Reporting:										Quarter / Year:											
	Age	(Check <b>one</b> only) VFC Eligibility Status			DTaP	DT	Td	DTap / Hep B / IPV	DTaP / HIB	HIB	IPV	MCV 4	MMR	Hep B Ped	Hep B Adult	Hep B / HIB	Hep A Ped	Hep A Adult	Varicella	Pneumococcal (PCV7)	Influenza
		Am. Indian/ Alaskan Nat.	Medicaid	Non- Insured																	
1	<1																				
2	<1																				
3	<1																				
4	<1																				
5	<1																				
6	<1																				
7	<1																				
8	<1																				
9	<1																				
10	<1																				
11	<1																				
12	<1																				
13	<1																				
14	<1																				
<b>Total</b>																					
1	1-6																				
2	1-6																				
3	1-6																				
4	1-6																				
5	1-6																				
6	1-6																				
7	1-6																				
8	1-6																				
9	1-6																				
10	1-6																				
11	1-6																				
12	1-6																				
<b>Total</b>																					
1	7-18																				
2	7-18																				
3	7-18																				
<b>Total</b>																					
1	>18																				
2	>18																				
<b>Total</b>																					

### **Instructions for Completing the *Optional VFC* Tally Sheet**

Each child receiving VFC vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the *Quarterly Doses Administered Report*.

- Print the name of the person responsible for reporting vaccine information and the quarter/year of this information.
- Place a check mark in the appropriate age and eligibility column.  
(One line per child, counted by visit/encounter)
- Place a check mark in the column for each vaccine administered to the child.
- Total all columns (Eligibility Status and Vaccines)
- Transfer these Totals to the *Quarterly Doses Administered Report*.

**Tally Sheets are for provider's use only.**

**Do NOT return to the Utah VFC Program.**